

INSTRUCTIONS

STATEMENT OF EDUCATION, EMPLOYMENT, AND HEALTH DSHS 14-050 (REV. 01/2001)

Use

The purposes of the DSHS 14-050(X) are to:

- Identify a client's claimed health problems and possible sources of medical evidence.
- Obtain a history of the client's education and work experience.

The Incapacity Social Worker (ISW) will use the information on the 14-050(X) to decide what medical evidence the client will need to provide, whether the client may be disabled, and to develop the case plan if the client is later determined to be eligible for GAU.

Completion

- The financial worker will give the DSHS 14-050(X) to the client with instructions to complete sections A through D. The financial worker then sends the form with the referral form to social services.
 - The ISW reviews the form with the client to ensure that all relevant information is provided. The ISW can add additional information obtained during the interview in the 'office use only' space.
 - The ISW should complete Section E during or immediately after the client interview. This is valuable in assessing consistency of the medical evidence that will be provided by the client.
1. Physical/mental health observations: Record facts, not assumptions.
Examples: How mobile was the client, e.g., did the client have difficulty walking, use a cane, wear a brace, etc. Did the client respond appropriately to questions asked? Did the client's face show expression of emotion?
 2. Barriers to employment or other job services: List things that may be problematic for the client in attempting to go to work. Examples could be domestic violence, involvement with Child Protective Services, legal problems such as recent incarcerations or DUIs.
 3. Substance abuse history: Obtain information to determine whether the client could benefit from a referral for an ADATSA assessment.
 4. Use of other service agencies: Has the client participated in any job training, job search, or job readiness activities?
 5. Use of support services: Determine how the client has had their needs met in the recent past, how much they rely on others to get their needs met, etc. Do they have transportation available to them in order to comply with treatment and referral requirements, or will special arrangements need to be made?